

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
DIVISION OF HEALTH

ARIZONA STATE BOARD OF HEALTH Vol. 3-25 # 182 BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

(This return should preferably be made by the person who made the original)

Place of Birth..... **Globe** County..... **Gila** No. St.
(Registration District)

SEX OF CHILD* **Female** Twin Triplet or other? } and } Number* in order of birth

DATE OF BIRTH* **March 24th** 1925
(Month) (Day) (Year)

FULL* NAME **Joseph Rais** FATHER

FULL* MAIDEN NAME **Regina Karakey** MOTHER

I HEREBY CERTIFY that the child described herein has been named

Antoinette Marie Rais
(Give name in full) (Surname)

J. W. Rais
(Parent's Signature)

E. L. Lotel M.D.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.
Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Changing child's name

192-324-928

8-17-25